## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE APPLICANT(S)

CLAIMS

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DEP. TOTAL CLAIMS	$\cup \cup$	5480	<u> </u>	HASA	<u> </u>	5544

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	IND.						
	TOTAL DEP.		423		_		—
	TOTAL CLAIMS				2860		<b>33.5%</b>
1							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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